

CLIENT <i>Bad River WWTP</i>		
ADDRESS <i>P.O. Box 39</i>		
CITY <i>Odanah</i>	STATE <i>WI</i>	ZIP <i>54861</i>
PROJECT DESCRIPTION / NO. <i>Low-Level Mercury</i>		QUOTATION NO.
DNR FID #	DNR LICENSE #	
CONTACT <i>Pat Hunt</i>	PHONE <i>715 685 7878</i>	
PURCHASE ORDER NO. <i>158495</i>	FAX <i>715 682-7715</i>	

Wisconsin Lab Cert. No. 721026460
WI DATCP 105-000330

Analytical Laboratory and Environmental Services

400 North Lake Avenue • Crandon, WI 54520-1298

Tel: (715) 478-2777 • Fax: (715) 478-3060

MATRIX:
SW = surface water
WW = waste water
GW = groundwater
DW = drinking water
TIS = tissue
AIR = air
SOIL = soil
SED = sediment
PROD = product
SL = sludge
OTHER

USE BOXES BELOW: Indicate Y or N if GW Sample is field filtered.
Indicate G or C if WW Sample is Grab or Composite.

ANALYZE PER ORDER OF ANALYSIS
Low-Level Mercury

ITEM NO.	NLS LAB. NO.	SAMPLE ID	COLLECTION		MATRIX (See above)													COLLECTION REMARKS (i.e. DNR Well ID #)
			DATE	TIME														
1.	<i>798578</i>	<i>Birch Hill Lagoon</i>	<i>6-23-14</i>	<i>1pm</i>	<i>WW</i>	<i>X</i>												
2.		<i>(Effluent)</i>																
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

COLLECTED BY (signature) <i>Philip Livingston</i>	CUSTODY SEAL NO. (IF ANY) <i>6-23-14</i>	DATE/TIME <i>1:45pm</i>
RELINQUISHED BY (signature)	RECEIVED BY (signature)	DATE/TIME
DISPATCHED BY (signature)	METHOD OF TRANSPORT	DATE/TIME

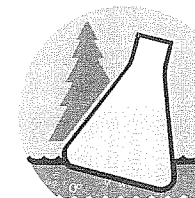
REPORT TO
Bad River WWTP
P.O. Box 39
Odanah, WI 54861

RECEIVED AT NLS BY (signature) <i>Theresa Pease</i>	DATE/TIME <i>6-24-14 10:15</i>	CONDITION <i>ONICE</i>	TEMP.
COOLER #	REMARKS & OTHER INFORMATION		
PRESERVATIVE: NP = no preservative S = sulfuric acid	N = nitric acid Z = zinc acetate M = methanol	OH = sodium hydroxide HA = hydrochloric & ascorbic acid H = hydrochloric acid	WDNR FACILITY NUMBER E-MAIL ADDRESS

INVOICE TO
Bad River WWTP

IMPORTANT:

1. TO MEET REGULATORY REQUIREMENTS, THIS FORM **MUST** BE COMPLETED IN DETAIL AND INCLUDED IN THE COOLER CONTAINING THE SAMPLES DESCRIBED.
2. PLEASE USE ONE LINE PER SAMPLE, **NOT** PER BOTTLE.
3. RETURN THIS FORM WITH SAMPLES - CLIENT MAY KEEP PINK COPY.
4. PARTIES COLLECTING SAMPLE, LISTED AS **REPORT TO** AND LISTED AS **INVOICE TO** AGREE TO STANDARD TERMS & CONDITIONS ON REVERSE.



NO. 17472

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